

**WAIMATE HIGH SCHOOL/SCD  
SUBSISTENCE  
ASSISTANCE PAYMENT FORM**

Date 5-6 July 2010 Christchurch

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

Contact Phone number \_\_\_\_\_

**Please itemise and number all receipts (which must be G.S.T.)**

Number	\$	Details (eg evening meal 22/03/10)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**TOTAL CLAIM \$**

**Bank details for payment:**

**Bank:**

**Branch:**

**Account in name of:**

**Account Number:**

**Sort Code:**

**OR Pay cheque in name of:** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payment** \_\_\_\_\_

**Paid** \_\_\_\_\_ **Date** \_\_\_\_\_